

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2368

PLACE OF DEATH
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RESIDENCEIDENT
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CATIONDEATH
DUE TO
EXTERNAL
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1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 2 yrs IN ARIZONA 2 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Pima	
C. CITY OR TOWN Tucson <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 3206 N. Christmas	
D. FULL NAME OF HOSPITAL OR INSTITUTION 3206 N. Christmas		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Truman B. (MIDDLE) D. C. (LAST) Waller (AKA Wallar)		4. SEX M		5. COLOR OR RACE White	
6B. NAME OF SPOUSE Erma		7. DATE OF BIRTH MONTH 4 DAY 22 YEAR 1898		8. AGE (IN YEARS LAST BIRTHDAY) 66	
9B. KIND OF BUSINESS OR INDUSTRY Flint, Mich.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
14A. FATHER'S NAME Manley Waller		14B. BIRTHPLACE (STATE OR COUNTRY) Canada		15A. MOTHER'S MAIDEN NAME Charlotte Smuck	
16. INFORMANT'S SIGNATURE Erma M. Waller		17. DATE OF DEATH (MONTH) December (DAY) 18 (YEAR) 1964		13. SOCIAL SECURITY NO. 375-22-5373	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). \$THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebro Vascular Accident ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Unknown DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH 1 month			
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 19, 1963 TO 18 Dec 1964 THAT I LAST SAW THE DECEASED ALIVE ON Dec 8, 1964 AND THAT DEATH OCCURRED AT during site of 17 Dec 64 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE (DEGREE OR TITLE) Dr. C. L. Ramsey MD		22B. ADDRESS 603 N. Walnut		22C. DATE SIGNED 18 Dec 64	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 12-21-64		25C. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona		25E. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		25F. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona	
26A. DATE REC. BY LOCAL REG. 12-20-64		26B. REGISTRAR'S SIGNATURE Jesse J. [Signature]		26C. FUNERAL DIRECTOR'S SIGNATURE Valley F.H.C.E. Books	
26D. EMBALMER'S SIGNATURE Debra Charles E. Books		26E. EMBALMER'S CERT. NO. 378A		26F. EMBALMER'S CERT. NO. 378A	